

MAR 18 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

35 County Dunklin

## 2. Township

2 City Campbell

(No. ....)

Registration District No. 282Primary Registration District No. 4166File No. 5721Registered No. 16

St. ....

Ward) ....

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M.

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Irene Boyd

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 24-1909

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

27418

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Truck line Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 193311. Total time (years) spent in this occupation 2 yr

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ark.

## MOTHER FATHER

## 13. NAME

Ed. Henderson

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky.

## 15. MAIDEN NAME

Lulu B. Calgrove

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ark.

## 17. INFORMANT (ADDRESS)

Wife Campbell

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE WoodlawnDATE Feb 14

1937

## 19. UNDERTAKER (ADDRESS)

Carroll's Funeral Home Campbell Mo

## 20. FILED

2/12

1937

E. Henderson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 193722. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 12, 1937

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance: 3

Name of operation.....

Date of.....

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) John R. Brown

M. D.

(Address) Campbell Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

